

Congressman Doc Hastings

Internship Application

Full Name: _____

Birth Date: _____

College or University: _____

Anticipated graduation date: _____

Are you a resident of the 4th Washington Congressional District? _____

Home Address:

School Address:

Phone #: _____

Phone #: _____

Email Address: _____

At which address/phone should we contact you? _____

In which offices are you applying for your internship?

Tri-Cities Office _____ Yakima Office _____ Washington, D.C. Office _____

Dates available to commit to the program (be as specific as possible)?

What and hours can you commit to work (i.e. Monday – Friday 9am – 5am)?

On a separate attachment briefly answer the following two questions:

1. Briefly explain why you would like to intern for Congressman Hastings?
2. What qualifications do you have that would make you an asset to Congressman Hastings' office?

Please attach a resume and return the completed form and attachments to:

Office of Congressman Doc Hastings
Attn: Intern Coordinator
1323 Longworth HOB
Washington, D.C. 20515
Or fax to: 202-225-5816